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24113 7590 09/08/2004

PATTERSON, THUENTE, SKAAR & CHRISTENSEN, P.A.  
4800 IDS CENTER  
80 SOUTH 8TH STREET  
MINNEAPOLIS, MN 55402-2100

12/06/2004 EAREGAY2 00000131 160631 09382433

01 FC:1501 1370.00 DA  
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Peter S. Dardi, Ph.D.	(Depositor's name)
<i>Peter S. Dardi</i>	(Signature)
December 3, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/382,433	08/25/1999	JOHN G. STARK	2947.03US02	5227

TITLE OF INVENTION: ORTHOSES FOR JOINT REHABILITATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	12/08/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
RICHMAN, GLENN E	3764	602-016000

Skaar

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Patterson, Thuente,  
& Christensen, P.A.

2. Peter S. Dardi

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.111. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

IZEX Technologies, Inc.

Minneapolis, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 10

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- ☐ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 16-0631 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Peter S. DardiDate December 3, 2004Typed or printed name Peter S. DardiRegistration No. 39,650

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